

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7476

1 ACCOUNT #		2 Total pages filed: 7		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Legal	Totals
				Date Processed	
				Date Imaged	
5 ORIGINAL PERIOD COVERED		Month 10 / Day 26 / Year 2008 THROUGH Month 12 / Day 31 / Year 2008			

6 EXPLANATION OF CORRECTION

1. Diana's Flower Shop (10/28/08 and 12/3/08) purposes were changed to "Flowers for constituent's funeral."
2. "NAACP" (11/3/08 and 11/16/08) were changed to "National Association for the Advancement of Colored People (NAACP)"
3. Also, the new categories were added to all expenditures and more detail explanations of purposes were implemented to other expenditures in Schedule F.
4. Attached is the corrected Candidate/Officeholder Campaign Finance Report 10/26/2008 – 12/31/2008

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Ron Davis this the 8th day of December

20 10 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** DAVIS, RON**15 ACCOUNT #** (Ethics Commission filers)
12312005**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 CONTRIBUTION
TOTALS**1. **TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$

0.00

2. **TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$

700.00

**EXPENDITURE
TOTALS**3. **TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$

0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$

2,541.52

**CONTRIBUTION
BALANCE**5. **TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$

51,289.74

**OUTSTANDING
LOAN TOTALS**6. **TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$

0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Davis, this the 8th day of December, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 3/6

2 FILER NAME DAVIS, RON**3** ACCOUNT # (Ethics Commission filers)

12312005

4 Date

11/27/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Austin Board of Realtors, PAC**6** Contributor address; City; State; Zip Code
4106 Medical Parkway
Austin, TX 78756-3700**7** Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

11/27/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Poplin, Phillip G.Contributor address; City; State; Zip Code
3202 Lafayette Avenue
Austin, TX 78722-2226Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 4/6		2 FILER NAME DAVIS, RON		3 ACCOUNT # (TEC filers) 12312005	
4 Date 12/18/2008		5 Payee name Alfred Stanley and Associates			
6 Amount (\$) \$250.00		7 Payee address City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for political fund-raiser	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 12/05/2008		Payee name Burleson, Feli Chavez			
Amount (\$) \$200.00		Payee address City; State; Zip Code 11820 Navasota Manor, TX 78653			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor for campaign research	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/14/2008		Payee name Coamerica Bank			
Amount (\$) \$6.50		Payee address City; State; Zip Code P.O. Box 75000 Dallas, TX 48275			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service Charges for campaign checking account	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 12/11/2008		Payee name Comerica Bank			
Amount (\$) \$6.50		Payee address City; State; Zip Code P.O. Box 75000 Detroit, MI 48275			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service charges for campaign checking account	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 5/6		2 FILER NAME DAVIS, RON		3 ACCOUNT # (TEC filers) 12312005	
4 Date 10/28/2008	5 Payee name Diana's Flower Shop				
6 Amount (\$) \$50.00	7 Payee address City; State; Zip Code 2614 E. 7th St. Austin, TX 78702				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flowers for constituent's funeral		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/03/2008	Payee name Diana's Flower Shop				
Amount (\$) \$203.52	Payee address City; State; Zip Code 2614 E. 7th St. Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flowers for constituent's funeral		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/03/2008	Payee name East Rural Travis County Advisory Board				
Amount (\$) \$50.00	Payee address City; State; Zip Code 600 Carrie Manor Rd Manor, TX 78653				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political donation for community service		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/04/2008	Payee name Fanuel, Chris				
Amount (\$) \$200.00	Payee address City; State; Zip Code 1108 Thurgood Circle Austin, TX 78721				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign research		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
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Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 6/6		2 FILER NAME DAVIS, RON		3 ACCOUNT # (TEC filers) 12312005	
4 Date 11/03/2008		5 Payee name National Association for the Advancement of Colored People (NAACP)			
6 Amount (\$) \$100.00		7 Payee address City; State; Zip Code 1704 E. 12th Street Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Community Service Appreciation Function	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/16/2008		Payee name National Association for the Advancement of Colored People (NAACP)			
Amount (\$) \$600.00		Payee address City; State; Zip Code 1704 E. 12th Street Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Community Service Appreciation Function	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 12/05/2008		Payee name Simms, Louis			
Amount (\$) \$500.00		Payee address City; State; Zip Code 7501 Barcelona Drive Austin, TX 78752-2006			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for Campaign Treasurer	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 12/04/2008		Payee name Spears, Sue			
Amount (\$) \$375.00		Payee address City; State; Zip Code 7318 Colony Park Austin, TX 78724			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign research	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held: